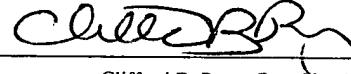




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PATENT
Docket No.: RFM-006 US

On 23 JAN 2004
By: 
Clifford B. Perry, Reg. No. 43,854

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No.	:	10/605,635	Docket No.	:	RFM-006 US
Applicants	:	Lazarescu et al.	Customer No.	:	30499
Filed	:	Oct. 15, 2003	Confirm No.	:	2634
Art Unit	:	2817			
Examiner	:	Not Yet Assigned			

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

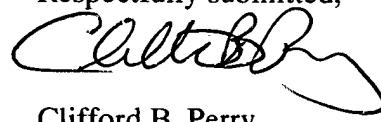
Letter to the Examiner

Dear Examiner:

Enclosed please find one sheet of formal drawings as a replacement for the informal drawings originally filed.

Should any questions arise, a telephone call to the Applicants' representative, Clifford Perry, is invited.

Respectfully submitted,



Clifford B. Perry
Reg. No. 43,854
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/605,635
		Filing Date	October 15, 2003
		First Named Inventor	Lazarescu
		Art Unit	2817
		Examiner Name	Not yet assigned
Total Number of Pages in This Submission		Attorney Docket Number	RFM-006 US

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please Identify below): <input type="checkbox"/> Remarks
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Clifford B. Perry
Signature	
Date	23 January 2004

CERTIFICATE OF TRANSMISSION/MAILING

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Signature	
Date	23 January 2004

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